

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small>		<small>FILING DATE</small>		
							<small>APPLICANT(S)</small>				
							CLAIMS				
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51			
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47								97			
48								98			
49								99			
50								100			
TOTAL								TOTAL			
TOTAL								TOTAL			
TOTAL								TOTAL			
TOTAL								TOTAL			
CLAIMS								CLAIMS			